Was the COVID-19 Test Meant to Detect a Virus?

By **Celia Farber [https://web.archive.org/web/20210110143710/https://uncoverdc.com/author/celiafarber/]** - April 7, 2020

Photo: Emedicine Health
[https://web.archive.org/web/20210110143710/https://i1.wp.com/uncoverdc.com/wp-content/uploads/2020/04/PCR-Test.jpg?fit=450%2C341&ssl=1]

The Corona Simulation Machine: Why the Inventor of The "Corona Test" Would Have Warned Us Not To Use It To Detect A Virus

"Scientists are doing an awful lot of damage to the world in the name of helping it. I don't mind attacking my own fraternity because I am ashamed of it." –Kary Mullis, Inventor of Polymerase Chain Reaction

What do we mean when we say somebody has 'tested positive' for the Corona Virus? The answer would astound you. But getting this "answer" is like getting to a very rare mushroom that only grows above 200 feet on a Sequoia tree in the forbidden forest.

I say that for dramatic effect, but also because I wound up, against all odds, finding it.

Every day I wake up and work at shedding one more layer of ignorance —by listening carefully. I got lucky with scientists many years ago; Epic, incredible scientists, happening to cross my path when nobody else wanted to talk to them. Now their names are emerging, their warnings and corrections crystallizing. True "science" (the nature of the natural world) is never bad news. Globalist science is nothing but bad news.

The reason Bill Gates wants you to believe a Corona Virus will exterminate over 450 million people is that he hates nature, God, and you. (A subjective interpretation.)

Why is that? You'd have to ask his psychiatrist.

But let's talk about the latest terror bomb detonated by Global Atheist PC Creeps upon your perfectly good, free life as a US citizen in 2020, governed by a President who does not think backwards.

How many of us are "infected" with this novel Corona virus, and how scared should we be?

First, a spiritual law: Anything that tries to frighten you comes from "opposition," in spiritual battle. It's not the Holy Spirit, period. Ignore its threats and keep your wits about you. You don't have to shout, "Stay safe!' to your neighbors. We *are* safe. We have an immune system that is a miracle like The Sistine Chapel. It withstands toxic, microbial inundation on a grand scale at all times, while operating a super-highway of adaptive life-sustaining genetic information, on cellular bridges, emitting telegrams of vital evolutionary code, slandered as "viruses" or "retroviruses."

People die—yes. But people don't die the way Bill Gates would have you believe, at the mercy of malicious, predatory pathogens, "lurking" on every surface, and especially other humans. That's not "science." That's social engineering. Terrorism.

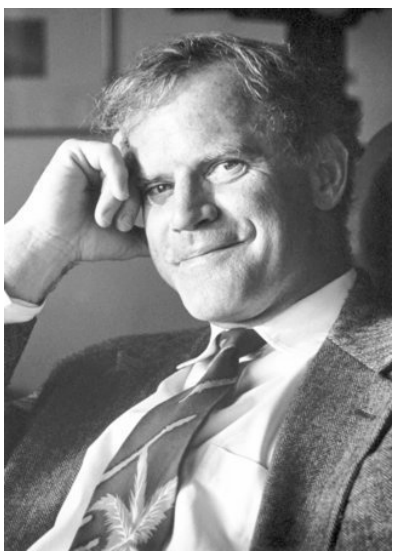
Let's proceed.

What do we mean when we say a person "tests positive" for Covid-19?

We don't actually mean they have been found to "have" it.

We've been hijacked by our technologies, but left illiterate about what they actually mean. In this case, I am in the rare position of having known, spent time with, and interviewed the inventor of the method used in the presently available Covid-19 tests, which is called PCR, (Polymerase Chain Reaction.)

His name was Kary B. Mullis, and he was one of the warmest, funniest, most eclectic-minded people I ever met, in addition to being a staunch critic of HIV "science," and an unlikely Nobel Laureate, i.e. a "genius."



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One time, in 1994, when I called to talk to him about how PCR was being weaponized to "prove," almost a decade after it was asserted, that HIV caused AIDS, he actually came to tears.

The people who have taken *all* your freedoms away in recent weeks, they're social engineers, politicians, globalist thought leaders, bankers, WHO fanatics, and the like. Their army is composed of "mainstream media," which is now literally a round-the-clock perfect propaganda machine for the Gates-led Pandemic Reich.

Kary Mullis was a *scientist.* He never spoke like a globalist, and said once, memorably, when accused of making statements about HIV that could endanger lives: "I'm a scientist. I'm not a lifeguard." That's a very important line in the sand. Somebody who goes around claiming they are "saving lives," is a very dangerous animal, and you should run in the opposite direction when you encounter them. Their weapon is fear, and their favorite word is "could." They entrap you with a form of bio-debt, creating simulations of every imaginable thing that "could" happen, yet hasn't. Bill Gates has been waiting a long time for a virus with this much, as he put it, "pandemic potential." But Gates has a problem, and it's called PCR.

Of Mullis' invention, Polymerase Chain Reaction, the *London Observer* wrote:

"Not since James Watt walked across Glasgow Green in 1765 and realized that the secondary steam condenser would transform steam power, an inspiration that set loose the industrial revolution, has a single, momentous idea been so well recorded in time and place."

What does HIV have to do with Covid-19?

PCR played a central role in the HIV war (a war you don't know about, that lasted 22 years, between Globalist post-modern HIV scientists and classical scientists.) The latter lost the war. Unless you count being correct as winning. The relentless violence finally silenced the opposition, and it seemed nobody would ever learn who these scientists were, or why they fought this thing so adamantly and passionately.

And PCR, though its inventor died last year, and isn't here to address it, plays a central role in Corona terrorism.

Here is an outtake from an article I published in SPIN, in 1994, about Kary Mullis, PCR, HIV and…Tony Fauci:

"PCR has also had a great impact on the field of AIDS, or rather, HIV research. PCR can, among other things, detect HIV in people who test negative to the HIV antibody test.

The word "eccentric" seems to come up often in connection with Mullis' name: His first published scientific paper, in the premier scientific journal Nature in 1986, described how he viewed the universe while on LSD – pocked with black holes containing antimatter, for which time runs backward. He has been known to show photographs of nude girlfriends during his lectures, their bodies traced with Mandelbrot fractal patterns. And as a side project, he is developing a company which sells lockets containing the DNA of rock stars. But it is his views on AIDS that have really set the scientific establishment fuming.

Mullis, like his friend and colleague Dr. Peter Duesberg, does not believe that AIDS is caused by the retrovirus HIV. He is a long-standing member of the Group for the Reappraisal of the HIV-AIDS Hypothesis, the 500-member protest organization pushing for a re-examination of the cause of AIDS.

One of Duesberg's strongest arguments in the debate has been that the HIV virus is barely detectable in people who suffer from AIDS. Ironically, when PCR was applied to HIV research, around 1989, researchers claimed to have put this complaint to rest. Using the new technology, they were suddenly able to see viral particles in the quantities they couldn't see before. Scientific articles poured forth stating that HIV was now 100 times more prevalent than was previously thought. But Mullis himself was unimpressed. "PCR made it easier to see that certain people are infected with HIV," he told Spin in 1992, "and some of those people came down with symptoms of AIDS. But that doesn't begin even to answer the question, 'Does HIV cause it?'"

Mullis then went on to echo one of Duesberg's most controversial claims. "Human beings are full of retroviruses," he said, "We don't know if it is hundreds or thousands or hundreds of

thousands. We've only recently started to look for them. But they've never killed anybody before. People have always survived retroviruses."

Mullis challenged the popular wisdom that the disease-causing mechanisms of HIV are simply too "mysterious" to comprehend. "The mystery of that damn virus," he said at the time, "has been generated by the $2 billion a year they spend on it. You take any other virus, and you spend $2 billion, and you can make up some great mysteries about it too."

Like so many great scientific discoveries, the idea for PCR came suddenly, as if by direct transmission from another realm. It was during a late-night drive in 1984, the same year, ironically, that HIV was announced to be the "probable" cause of AIDS.

"I was just driving and thinking about ideas and suddenly I saw it," Mullis recalls. "I saw the polymerase chain reaction as clear as if it were up on a blackboard in my head, so I pulled over and started scribbling." A chemist friend of his was asleep in the car, and, as Mullis described in a recent special edition of Scientific American: "Jennifer objected groggily to the delay and the light, but I exclaimed I had discovered something fantastic. Unimpressed, she went back to sleep."

Mullis kept scribbling calculations, right there in the car, until the formula for DNA amplification was complete. The calculation was based on the concept of "reiterative exponential growth processes," which Mullis had picked up from working with computer programs. After much table-pounding, he convinced the small California biotech company he was working for, Cetus, that he was on to something. Good thing they finally listened: They sold the patent for PCR to Hoffman-LaRoche for the staggering sum of $300 million – the most money ever paid for a patent. Mullis meanwhile received a $10,000 bonus.

Mullis's mother reports that as a child, her lively son got into all kinds of trouble – shutting down the house's electricity, building rockets, and blasting small frogs hundreds of feet into the air. These days, he likes to surf, rollerblade, take pictures, party with his friends – most of whom are not scientists – and above all, he loves to write.

Mullis is notoriously difficult to track down and interview. I had left several messages on his answering machine at home but had gotten no response. Finally, I called him in the late evening, and he picked up, in the middle of bidding farewell to some dinner guests. He insisted he would not give me an interview, but after a while, a conversation was underway, and I asked if I couldn't just please turn my tape recorder on. "Oh, what the hell," he gruffed. "Turn the fucker on."

Our talk focused on AIDS. Though Mullis has not been particularly vocal about his HIV skepticism, his convictions have not, to his credit, been muddled or softened by his recent success and mainstream acceptability. He seems to revel in his newly acquired power. "They can't pooh-pooh me now, because of who I am," he says with a chuckle – and by all accounts, he's using that power effectively.

When ABC's "Nightline" approached Mullis about participating in a documentary on himself, he instead urged them to focus their attention on the HIV debate. "That's a much more important story," he told the producers, who up to that point had never acknowledged the controversy. In the end, "Nightline" ran a two-part series, the first on Kary Mullis, the second on the HIV debate. Mullis was hired by ABC for a two-week period, to act as their scientific consultant and direct them to sources.

The show was superb, and represented a historic turning point, possibly even the end of the seven-year media blackout on the HIV debate. But it still didn't fulfill Mullis' ultimate fantasy. "What ABC needs to do," says Mullis, "is talk to [Chairman of the National Institutes of Allergy and Infectious Diseases (NIAID) Dr. Anthony] Fauci and [Dr. Robert] Gallo [one of the discoverers of HIV] and show that they're assholes, which I could do in ten minutes."

But I point out, Gallo will refuse to discuss the HIV debate, just as he's always done.

"I know he will," Mullis shoots back, anger rising in his voice. "But you know what? I would be willing to chase the little bastard from his car to his office and say, 'This is Kary Mullis trying to ask you a goddamn simple question,' and let the cameras follow. If people think I'm a crazy person, that's okay. But here's a Nobel Prize-winner trying to ask a simple question from those who spent $22 billion and killed 100,000 people. It has to be on TV. It's a visual thing. I'm not unwilling to do something like that."

He pauses, then continues. "And I don't care about making an ass of myself because most people realize I am one."

While many people, even within the ranks of the HIV dissidents, have of late tried to distance themselves from the controversial Duesberg, Mullis defends him passionately and seems genuinely concerned about his fate. "I was trying to stress this point to the ABC people" he says, "that Peter has been abused seriously by the scientific establishment, to the point where he can't even do any research. Not only that, but his whole life is pretty much in disarray because of this, and it is only because he has refused to compromise his scientific moral standards. There ought to be some goddamn private foundation in the country, that would say, 'Well, we'll move in

where the NIH [National Institutes of Health] dropped off. We'll take care of it. You just keep right on saying what you're saying, Peter. We think you're an asshole, and we think you are wrong, but you're the only dissenter, and we need one, because it's science, it's not religion.' And that was one of the reasons why I cooperated with ABC."

"I am waiting to be convinced that we're wrong," Mullis continues. "I know it ain't going to happen. But if it does, I will tell you this much – I will be the first person to admit it. A lot of people studying this disease are looking for the clever little pathways they can piece together, that will show how this works. Like, 'What if this molecule was produced by this one and then this one by this one, and then what if this one and that one induces this one' – that stuff becomes, after two molecules, conjecture of the rankest kind. People who sit there and talk about it don't realize that molecules themselves are somewhat hypothetical, and that their interactions are more so, and that the biological reactions are even more so. You don't need to look that far. You don't discover the cause of something like AIDS by dealing with incredibly obscure things. You just look at what the hell is going on. Well, here's a bunch of people that are practicing a new set of behavioral norms. Apparently, it didn't work because a lot of them got sick. That's the conclusion. You don't necessarily know why it happened. But you start there."

http://aidswiki.net/index.php?title=Document:Farber_interviews_Mullis [https://web.archive.org/web/20210110143710/http://aidswiki.net/index.php?title=Document:Farber_interviews_Mullis]

That was a historical detour, shared in hopes of rooting this conversation historically.

When you see the word "cases" on your TV screen, in this world that has now been hijacked by one single event, one dread, one Idol, you will be forgiven for thinking those are *cases* of Covid-19.

The number of "cases" is often a very big number, back-lit in red. Today for example, the number of "total cases," in the US, according to Worldometer, is 309,728. The total death figure is 8,441. "Active cases," is 286,546, of which 8,206 are "Serious, Critical." The number of "new deaths" is 1,037, and the number of "total recovered" is 14,741.

I'm not clear what an "active" case is. Does that mean fully symptomatic? Partially symptomatic? If the latter, it surely encompasses influenza/pneumonia, which has magically, as many have observed, dropped off a cliff for 2020.

In China, generally, they diagnose 'Corona' with CT scans and one or two positive PCR tests. In the US, it's difficult to find out what makes a "case," ie what the case definition is. Absent CT scans, we are in a bio-tech free-fall. One website offers this distressingly unclear definition: "The novel coronavirus, or COVID-19, has been spreading worldwide, resulting in growing numbers of infected individuals since late 2019 and increased mortality numbers since early 2020. So far, experts have seen that while there are severe cases, the infection is usually mild with non-specific symptoms. And there are no trademark clinical features of COVID-19 infection."

There are no trademark clinical features? What then, collapsed the world? I sure hope this isn't all riding on a "test," as bio-tech Oracle.

A few graphs down, my fears are confirmed: "Diagnosis of COVID-19 involves laboratory tests. Once someone has been diagnosed with the coronavirus, additional diagnostic tests may be done to determine the severity of the infection."

I accept that "something is going on" that overlaps with flu, but reportedly worse than a normal flu. That's what we're hearing. It involves an acute lack of oxygen, for reasons unclear. People can't breathe. Intubation is a serious, potentially dangerous procedure that begs many questions—but that's for a future article.

What is the relationship between the spread of testing and the "spread" of a new virus? How do we know what we are experiencing, in comparison to what we are assuming we are experiencing? One study in Austria found that increased testing correlated with, no surprise, increased "cases."

In an email discussion between a group of international scientists, academics and MD's, the question was posed whether the daily number of new cases would track with the daily number of tests.

"Yes, they do," wrote Austrian MD Christian Fiala. "Here are the data from Austria. In other words if they want to further increase the number of 'infected' people, they have to also increase the number of tests. However, that is physically impossible.

Another aspect: during the first weeks most tests were done on sick people. Therefore, the percentage of positive tests was relatively high. But there are not so many sick people and with the general roll out of tests, the vast majority of those tested will be healthy. Consequently, the percentage of positive tests will be low, and most will be false positive.

In other words, it is impossible to continue the increase of positive test results."

In the US, we have all but abandoned classical diagnostic medicine in favor of biotech, or lab result medicine. This has been going on for a long time and is a dangerous turning. The "Corona test" is named with characteristic tech-tedium: "CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel." That means it is a needle in a DNA haystack test. A PCR test.

It finds fragments, nucleic acids. From an email from Kary Mullis, to the widow of boxer Tommy Morrison, whose career and life were destroyed by an "HIV test," and who litigated ferociously for years, against test manufacturers, Dr. Mullis wrote, on May 7, 2013:

"PCR detects a very small segment of the nucleic acid which is part of a virus itself. The specific fragment detected is determined by the somewhat arbitrary choice of DNA primers used which become the ends of the amplified fragment. "

If things were done right, "infection" would be a far cry from a positive PCR test.

"You have to have a whopping amount of any organism to cause symptoms. Huge amounts of it," Dr. David Rasnick, bio-chemist, protease developer, and former founder of an EM lab called Viral Forensics told me. "You don't start with testing; you start with listening to the lungs. I'm skeptical that a PRC test is ever true. It's a great scientific research tool. It's a horrible tool for clinical medicine. 30% of your infected cells have been killed before you show symptoms. By the time you show symptoms…the dead cells are *generating* the symptoms."

I asked Dr. Rasnick what advice he has for people who want to be tested for COVID-19.
"Don't do it, I say, when people ask me," he replies. "No healthy person should be tested. It means nothing but it can destroy your life, make you absolutely miserable."
One of the countless head-spinning mysteries of this whole Corona Situation has been the advent of famous people, from Tom Hanks and his wife, to Sophie Trudeau, to Prince Charles announcing they had "tested positive" for COVID-19 and were self-quarantining. In all these famous-powerful people cases, the symptoms were either non-existent or mild. Why, one wondered, did they make such hay about it? The British Royals, especially, seemed to contradict their ethos of secrecy in this case. So what did it mean? It signaled, if anything, that COVID-19 is not all that deadly. That the virus can be present without causing the disease. That host factors matter. And that being "positive" for COVID-19 is neither a PR death sentence nor an actual death sentence. Maybe in their elite and esoteric language, it means some kind of prestige, or sacrament to a Pagan Virus Deity. Who knows? In the case of the Trudeau, Sophie tested positive, and had symptoms, while her husband Justin, the Prime Minister, never got sick, and was never tested. (He didn't want to appear privileged; Not everybody can get tested in Canada, you must have symptoms.)

We do live now in a world dominated by a Corona virus, as my friend Kevin Corbett, a retired nurse in the UK puts it, "with knobs on it." Shrek-Green is the color that was chosen. We're lost in a simulation, seeking to grab hold of "truth" and reality. One way that I do that is to grab hold of words, slow them down, and analyze them. Globalists love to weaponize words and make spells out of them. Hypnotics. To this end, they invent new words, and force you to use them and live them. Words like "Corona Virus," and "Social Distancing." "COVID-19." "Tested Positive."

Whether we realize it or not, this phrase is an echo of HIV-think, which I swam through for most of my so-called career in journalism, choking and spitting all the way out. The globalists write *code.* They encode "viruses" and give them a weaponized, video-game identity. In this video game, you lose all your freedoms, and must display gratitude and servitude. Viral code trumps all other forms of politics. Nothing can counter it. Especially not "science." The virus is also a sweeping metaphor for the spread of "misinformation," which means anything outside their religious doctrines, not recognizable by classical virology.

The code, the potential scenarios, the mysticism and superstition about how the virus spreads, must not be questioned, If you wish to remain a person, as opposed to an un-person. It's a form of post-globalist environmental socialism gone malignant: Demand that all people submit to an equal chance to be killed by a virus. Act out the theatrics of worshiping the virus with fear as the measure of inverted faith. This is why celebrities love this kind of thing. It gives them a chance to debase themselves, to self-flagellate as fellow sufferers. As I write this, from my window in New York City, at 7 pm every evening, people are heard hollering, clapping, and blowing horns from their windows, to show solidarity to the health care workers on the front lines. Was any such thing ever devised for the mass deaths from opioids? No, they weren't significant deaths for the global elites. It's not "death," this play is about. It's socialist contagion theology. You can't go to the grocery store without encountering new displays of Corona Heroica. Only *viruses* interest these people, these haters of liberty. Yet they refuse to learn the first thing about the natural life of viruses and humans. If they did peer into this world, they would find beauty, truth, and wonder. They would find that viruses are rarely deadly, always misunderstood, and actually trying to protect us. The reason the globalists are obsessed with "spread" and "viruses" is because they want to shut down all forms of communication and information exchange that threatens their New World Order.

"Every time somebody takes a swab, a tissue sample of their DNA, it goes into a government database. It's to track us," says David Rasnick. "They're not just looking for the virus. Please put that in your article."

Technocracy

In HIV, the death spell (code) came to people in the form of two antibody tests called ELISA and Western Blot, initially. Not PCR tests—they came later, to measure "viral load," and were specifically *not* to be used for diagnosing HIV. Rather, to stress people out about their "surrogate markers," said to represent where they stood in their battle against HIV. (Did people really need to be in a "battle" against HIV? This was the trillion-dollar question.)

In any case, those tests were not built on a "gold standard" which means purification of an actual virus. Purification means the pathogen has been separated from all else. HIV co-discoverer and Nobel Laureate Luc Montagnier famously told journalist Djamel Tahi in an interview: "I repeat, we did not purify [https://web.archive.org/web/20210110143710/http://www.theperthgroup.com/CONTINUUM/djamelmontagnier.html] ."

HIV was never "separated from everything else." It was and is a laboratory artifact, a set of lab-tortured antigens around which a "test" was built—a test which shattered countless millions of lives, because people watched TV and believed what they were told. They didn't get a chance to hear what Kary Mullis or dozens of other real scientists had to say about the supposedly deadly retrovirus, HIV.

Nothing was proven before it was asserted. This became the norm, paving the way for the situation we are in now. Global viral communism. We all dreaded this would happen, but we never dreamed they would choose a cold virus. A Corona virus.

In the early 1990's, PCR, (Polymerase Chain Reaction) came into popular use, and Kary Mullis was awarded the Nobel Prize for it in 1993. PCR, simply put, is a thermal cycling method used to make up to billions of copies of a specific DNA sample, making it large enough to study. As it correctly says on PCR's Wikipedia page [https://web.archive.org/web/20210110143710/https://en.wikipedia.org/wiki/Polymerase_chain_reaction] , PCR is an "…indispensable technique" with a "broad variety" of applications, "…including biomedical *research* and criminal forensics." [Italics mine.] The page goes on to say, to my dismay, that one of the applications of PCR is "…for the diagnosis of infectious diseases."

PCR is a needle in a haystack technology that can be extremely misleading in "the diagnosis of infectious diseases." The first conflict between this revolutionary technology and human life happened on the battlefield of AIDS, and Mullis himself came to the front line arguing *against* PCR as diagnostic tool. In 1987, esteemed Berkeley cancer virologist Peter Duesberg had doomed his funding and "career" by issuing a broadside in a paper published in *Cancer Research* to the growing and promiscuous assertions made for cancer viruses, including at least one he stood to gain a Nobel Prize for had he not diffused its significance himself [https://web.archive.org/web/20210110143710/ttps://barnesworld.blogs.com/phdp.pdf] .

His main argument was that the Gallo/Montagnier fusion "virus" that came to be called 'HIV' was (like all viruses in its class) barely capable of infecting cells. It infected so few cells that Duesberg likened the pathogenic model to thinking you can conquer China by killing 3 soldiers a day. There was simply not enough "there-there" in the form of cell death. "It's a pussycat," he said. He even said he wouldn't mind being injected with it. (though not if it came from Gallo's lab.)

With PCR's rise, the HIV Industrial Complex weaponized it to assert that *now* they could see HIV more abundantly, hence their maligned foe Peter Duesberg was toast. And it was Kary Mullis, himself an HIV dissenter, who rose to Duesberg's defense and said, "No he isn't."

I conducted a two-hour interview with David Crowe– Canadian researcher, with a degree in biology and mathematics, host of *The Infectious Myth* podcast, and President of the think-tank *Rethinking AIDS.* He broke down the problems with the PCR based Corona test in great detail, revealing a world of unimaginable complexity, as well as trickery.

"The first thing to know is that the test is not binary," he said. "In fact, I don't think there are any tests for infectious disease that are positive or negative."

The next part of his explanation is lengthy and detailed, but let's push through:

"What they do is they take some kind of a continuum and they arbitrarily say this point is the difference between positive and negative."

"Wow," I said. "That's so important. I think people envision it as one of two things: Positive or negative, like a pregnancy test. You "have it" or you don't."

"PCR is really a manufacturing technique," Crowe explained. "You start with one molecule. You start with a small amount of DNA and on each cycle the amount doubles, which doesn't sound

like that much, but if you, if you double 30 times, you get approximately a billion times more material than you started with. So as a manufacturing technique, it's great. What they do is they attach a fluorescent molecule to the RNA as they produce it. You shine a light at one wavelength, and you get a response, you get light sent back at a different wavelength. So, they measure the amount of light that comes back and that's their surrogate for how much DNA there is. I'm using the word DNA. There's a step in RT- PCR test which is where you convert the RNA to DNA. So, the PCR test is actually not using the viral RNA. It's using DNA, but it's like the complimentary RNA. So logically it's the same thing, but it can be confusing. Like why am I suddenly talking about DNA? Basically, there's a certain number of cycles."

This is where it gets wild.

"In one paper," Crowe says, "I found 37 cycles. If you didn't get enough fluorescence by 37 cycles, you are considered negative. In another, paper, the cutoff was 36. Thirty-seven to 40 were considered "indeterminate." And if you got in that range, then you did more testing. I've only seen two papers that described what the limit was. So, it's quite possible that different hospitals, different States, Canada versus the US, Italy versus France are all using different cutoff sensitivity standards of the Covid test. So, if you cut off at 20, everybody would be negative. If you cut off a 50, you might have everybody positive."

I asked him to pause so I could exclaim my astonishment. And yet, it was Déjà vu all over again. Just like in the HIV battle—people were never told that the "HIV test" had different standards in different countries, and within countries, from lab to lab. The highest bar (the greatest number of HIV proteins) was in Australia: five. The Lowest was Africa: 2. In the US it is generally 3-4.

We used to joke that you could rid yourself of an "HIV diagnosis" by flying from either the US or Australia, to Africa. But for many years, "AIDS" in Africa was diagnosed without any tests whatsoever. Just a short list of symptoms that tracked precisely with symptoms of most tropical diseases, such as fever, cough, and shortness of breath.

David, in his quiet Canadian way, dropped a bombshell in his next statement:

"I think if a country said, "You know, we need to end this epidemic," They could quietly send around a memo saying: "We shouldn't be having the cutoff at 37. If we put it at 32, the number of positive tests drops dramatically. If it's still not enough, well, you know, 30 or 28 or something like that. So, you can control the sensitivity."

Yes, you read that right. Labs can manipulate how many "cases' of Covid-19 their country has. Is this how the Chinese made their case load vanish all of a sudden?

"Another reason we know this is bogus," Crowe continued, "is from a remarkable series of graphs published by some people from Singapore in JAMA. These graphs were published in the supplementary information, which is an indication that nobody's supposed to read them. And I think the authors probably just threw them in because they were interesting graphs, but they didn't realize what was in them. So, they were 18 graphs of 18 different people. And at this hospital in Singapore, they did daily coronavirus tests and they grasped the number of PCR cycles necessary to detect fluorescence. Or if they couldn't detect florescence by…37 cycles, they put a dot on the bottom of the graph, signifying a negative."

"So, in this group of 18 people, the majority of people went from positive, which is normally read as "infected," to negative, which is normally read as "uninfected" back to positive—infected again. So how do you interpret this? How do you have a test if a test act is actually, you know, 100% positive for detecting infection, then the negative results must've been wrong? And so, one way to solve that is to move the point from 37 to say 36 or 38. You can move this, this cycle of numbers. It's an arbitrary division up or down. But there's no guarantee that if you did that, you wouldn't still have the same thing. It would just, instead of going from, from 36 to undetectable and back to 36 or back to 45, it might go from 33 to undetectable to 30 or something like that. Right? So, you can't solve the problem by changing this arbitrary binary division. And so basically this says that the test is not detecting infection. Because if it was, like if you're infected, and then you're uninfected, and you're in a hospital with the best anti-infective precautions in the world, how did you get re-infected? And if you cured the infection, why didn't you have antibodies to stop you getting re-infected? So, there's no explanation within the mainstream that can explain these results. That's why I think they're so important."

I couldn't believe my ears. And yet I could. Have you ever tried to read the package insert for a "Corona" PCR test? You begin to feel after a while that the technobabble is some kind of spell, or bad dream. An alien language from another dimension, that could not possibly—whatever else it may do—help a single human being have a better life. It's not "English. [https://web.archive.org/web/20210110143710/https://www.fda.gov/media/136231/download] " I don't know what it is.

"I've been quoting, Alice in Wonderland a lot recently," David says, "because it's the only way I can wrap my head around it. Alice said: "Sometimes I can believe six impossible things before breakfast!"

One of the ways to distinguish truth from deception in contemporary "science" is to track what gets removed. For example, David tells me, there was apparently an English abstract online at PubMed out of China that rendered the entire COVID testing industrial complex baseless and

absurd.

"There was a famous Chinese paper that estimated that if you're testing asymptomatic people, up to 80% of positives could be false positive. That was kind of shocking, so shocking that PubMed had to withdraw the abstract even though the Chinese paper appears to still be published and available. I actually have a translation with a friend. I translated it into English and it's a really, standard calculation of what they call positive predictive value. The abstract basically said that in asymptomatic populations, the chance of a positive coronavirus test being a true positive is only about 20%. 80% will be false positive."

"Doesn't that mean the test means nothing?" I asked.

"The Chinese analysis was a mathematical analysis, a standard, the standard analysis that's been done a million times before. There's no reason to withdraw the paper for any reason. There's nothing dramatic about the paper. It's a really boring analysis. It's just that they did the standard analysis and said, in some populations, like they estimated 1% of people are actually infected in the population. You could have 80% false positive. Uh, they couldn't do a real analysis of false positives in terms of determining whether a test is correct or not because that requires a gold standard and the only gold standard is purification of the virus. So, we get back to the fact that the virus is not being purified. If you could purify the virus, then you could take a hundred people who tested positive and you could search for the virus in them. And if you found the virus in 50 out of a hundred and not in the other 50, you could say that the test is only accurate 50% of the time. But we have no way to do that because we haven't yet purified the virus. And I don't think we ever will."

Dave Rasnick has had exchanges with David Crowe about this, and concurs, "To my knowledge, they have not yet purified this virus."

In a previous interview I did with him a few weeks ago, he said this, about PCR tests and the fallacies of thinking less is more, or smaller is better, or more "sensitive" means more accurate:

"It's like fingerprints. With PCR you're only looking at a small number of nucleotide. You're looking at a tiny segment of gene, like a fingerprint. When you have regular human fingerprints, they have to have points of confirmation. There are parts that are common to almost all fingerprints, and it's those generic parts in a Corona virus that the PCR test picks up. They can have partial loops but if you only took a few little samples of fingerprints you are going to come up with a lot of segments of RNA that we are not sure have anything to do with corona virus. They will still show up in PCR. You can get down to the levels where its biologically irrelevant and then amplify it a trillion-fold."

"The primers are what you know. We already know the strings of RNA for the Corona family, the regions that are stable. That's at one end. Then you look at the other end of the region, for all Corona viruses. The Chinese decided that there was a region in those stable areas that was unique to their Corona virus. You do PCR to see if that is true. If it is truly unique it would work. But they're using the SARS test because they don't really have one for the new virus."

"SARS isn't the virus that stopped the world," I offer.

"That's right."

"PCR for diagnosis is a big problem," he continues. "When you have to amplify it these huge numbers of time, it's going to generate massive amounts of false positives. Again, I'm skeptical that a PCR test is ever true."

Crowe described a case in the literature of a woman who had been in contact with a suspect case of Corona (in Wuhan) they believed was the index case. "She was important to the supposed chain of infection because of this. They tested her 18 times, different parts of the body, like nose, throat—different PCR tests. 18 different tests. And she tested negative every time. And then they—because of her epidemiological connection with the other cases, they said: "We consider her infected. So, they had 18 negative tests and they said she was infected."

"Now why was she important? Well there was only one other person who could have theoretically transmitted the virus if the original patient, outside the family was who they thought it was. But secondly, she had the same exact symptoms as everybody else. Right? So, four people in his family came down with fever and cough and headaches, fatigue and all these kinds of big symptoms. So, if she could get those symptoms without the virus, then you, you've got to say, well, why couldn't everybody else's symptoms be explained by whatever she had? I mean, maybe they, they ate some bad seafood or something and so they all got sick, but it had nothing to do with the coronavirus. But because three out of the four, tested positive, then they were, they were all considered infected and out of the same paper.

Another interesting thing is that they did a lot of tests. The first person in the list of people tested, he was positive on three out of 11 tests. So again, they took nose and throat samples and you know, different methods and all this kind of stuff. And they got 11 separate tests and only three were positive. And of course, all you need to be considered infected is one positive test. They could test you 20 times and if you test positive once, then you're infected. So, a positive test is meaningful. A negative test. It's like, eh. Not so much."

I asked Crowe what he thought Kary Mullis would say about this explosion of PCR insanity.

"I'm sad that he isn't here to defend his manufacturing technique," he said. "Kary did not invent a test. He invented a very powerful manufacturing technique that is being abused. What are the best applications for PCR? Not medical diagnostics. He knew that and he always said that."

Our conversation went in many different directions and I plan to publish the entire audio interview. I asked David what he thought was happening here, at the most core level.

"I don't think they understand what they're doing," he said. "I think it's out of control. They don't know how to end this. This is what I think what happened: They have built a pandemic machine over many years and, and as you know, there was a pandemic exercise not long before this whole thing started."

"I just want to identify who sponsored that simulation conference, 6 weeks before the first news broke out of Wuhan," I interjected. "It was the Bill and Melinda Gates foundation, Johns Hopkins Center For Health Security, and the World Economic Forum. Incidentally, all the stats, projections and modeling you see in the media are coming out of Johns Hopkins."

"Right. So, this beautiful pandemic machine is a lot like…let's use an example of an aircraft simulator. Okay. So, so pilots are tested on an aircraft simulator. So if you're flying along in an airplane and there's a loud bang and you see smoke coming from an engine on the right hand side, this is probably the first time a pilot has ever been in an airplane that had an engine failure. But he's tested this scenario 25 times on an aircraft simulator. So, he knows exactly what to do without being told. He goes through the procedure. He doesn't have to think, he just does the steps that he's been taught through the, the aircraft simulator and he successfully lands the airplane with one engine. So, a pandemic simulator is just like that. You sit down at the computer, you see the virus going around the world, um, and you say, okay, so what we need to do is we need to dress everybody in protective clothing."
"We need to quarantine everybody who's positive. Next step. We need to do social isolation. It's a *mathematical* model. And at the end you always win, right? So, in the end, the good guys win, and the pandemic is defeated. But there's, there's never been like an actual real pandemic since they built this machine. So, there's this huge machine, it's got a red button on it and it's like if you ever detect a pandemic starting, you press the red button. We don't know exactly what happened, but I think the Chinese government was embarrassed cause they were being accused of covering up a pandemic. They said, okay, you know, we want Western approval for our medical system so we're going to press the goddamn red button. Or they did. And then everything followed from that. The problem is that the simulation was never based on reality."

In another part of our conversation, he said something unforgettable:

"So, we've essentially been taken over by the medical Taliban, if you like."

I pressed him one last time:

"David, in conclusion, finish this sentence: "The PCR test for Corona is as good as…"

His reply made me laugh. I didn't know I still could laugh.

"It's as good as that Scientology test that detects your personality and then tells you need to give all your money to Scientology. "

Celia Farber is half Swedish, raised there, so she knows "socialism" from the inside. She has focused her writings on freedom and tyranny, with an early focus on the pharmaceutical industry and media abuses on human liberties. She has been under ferocious attack for her writings on HIV/AIDS, where she has worked to document the topic as a psychological operation, and rooted in fake science. She is a contributor to UncoverDC and The Epoch Times, and has in the past written for Harper's, Esquire, Rolling Stone and more. Having been gravely injured in legacy media, she never wants to go back. She is the recipient of the Semmelweis International Society Clean Hands Award For Investigative Journalism, and was under such attack for her work, she briefly sought protection from the FBI and NYPD. She is the author of "Serious Adverse Events: An Uncensored History of AIDS," and the editor of The Truth Barrier, an investigative and literary website. She co-hosts "The Whistleblower Newsroom" with Kristina Borjesson on PRN, Fridays at 10am.

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